Township of Ocean Police Department

SPECIAL SERVICES DIVISION

Traffic Safety Bureau

(732) 531-1802
FAX (732) 517- 0385

Block Party Application

Person Requesting Party: _____

Address: _____

Phone #- _____

Date & Times of Block Party: _____

Rain Date (if necessary): _____

Street / Road requested to be closed if area is between two streets please list exact l**ocation including cross streets**)

_____

ALL residents affected by this street closing (whether attending block party or not) must sign below.
By signing below, residents have no objection to the block party.

NAME	ADDRESS	SIGNATURE

ALL residents affected by this street closing (whether attending block party or not) must sign below.
By signing below, residents have no objection to the block party.
* Complete this page only if needed

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NAME	ADDRESS	SIGNATURE